

UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA

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TAMARA CARTER and DAVID CARTER,  
  
Plaintiffs,  
  
v.  
  
JOHNSON & JOHNSON; ETHICON, INC.;  
and ETHICON LLC,  
  
Defendants.

Case No. 2:20-cv-01232-KJD-VCF

ORDER

Presently before the Court is Defendant's Motion to Limit Opinions of Bruce Rosenzweig, M.D. (#199). Plaintiffs filed a response in opposition (#208) to which Defendant replied (#218).

I. Factual and Procedural Background

This is a products liability action involving two prescription medical devices— Prolift and TVT. On July 23, 2010, at St. Rose Dominican Hospital in Las Vegas, Nevada, Dr. Gregory Hsieh implanted a Prolift device for Plaintiff Tamara Carter's ("Mrs. Carter") posterior pelvic prolapse ("POP") and a TVT mid-urethral sling for Mrs. Carter's stress urinary incontinence ("SUI"). Mrs. Carter alleges that these medical devices caused her injuries, and that Defendants are liable under claims of strict liability for failure to warn and for design defect. Her husband, Plaintiff David Carter ("Mr. Carter") raises a loss of consortium claim. Additionally, Plaintiffs claim that Defendants' conduct was malicious, oppressive, willful, wanton, reckless, and grossly negligent. Defendants ("Ethicon") deny Plaintiffs' allegations and assert that Prolift and TVT were state of the art at the time of implant, that Mrs. Carter's alleged injuries pre-dated her surgery, that Mrs. Carter assumed the risks, and that Mrs. Carter's own actions contributed to her injuries.

Dr. Bruce Rosenzweig is a urogynecologist and professor of obstetrics and gynecology. Defendant Ethicon seeks to limit Rosenzweig's testimony by requesting that the Court preclude him from testifying about Prolift, because he only issued an expert report

1 involving TVT. Generally, Plaintiffs do not oppose that limitation. Therefore, the Court limits  
 2 Dr. Rosenzweig's testimony by only allowing him to testify regarding TVT.

3 Next, Defendant seeks to have the Court prevent Rosenzweig from testifying that non-  
 4 synthetic mesh procedures are safer alternatives to synthetic mesh. Further, Defendant seeks to  
 5 preclude Rosenzweig from criticizing the mechanically-cut mesh, as opposed to laser cut mesh.

## 6 I. Analysis

### 7 **A. Legal Standard**

8 Federal Rule of Evidence ("Rule") 702 permits a "witness who is qualified as an expert by  
 9 knowledge, skill, experience, training, or education [to] testify in the form of an opinion or  
 10 otherwise if: (a) the expert's scientific, technical, or other specialized knowledge will help the  
 11 trier of fact to understand the evidence or to determine a fact in issue; (b) the testimony is based  
 12 on sufficient facts or data; (c) the testimony is the product of reliable principles and methods; and  
 13 (d) the expert has reliably applied the principles and methods to the facts of the case." The  
 14 Supreme Court gave expanded direction on Rule 702 in Daubert v. Merrell Dow  
 15 Pharmaceuticals, Inc., 509 U.S. 579 (1993). In Daubert, the Court held that Rule 702 imposed "a  
 16 special obligation upon a trial judge to 'ensure that any and all scientific testimony... is not only  
 17 relevant, but reliable.'" See Kumho Tire Co. v. Carmichael, 526 U.S. 137 (1999). The Court  
 18 expanded this gatekeeping obligation to all expert testimony. Id. at 147. Daubert "established  
 19 that, faced with a proffer of expert scientific testimony, the trial judge, in making the initial  
 20 determination whether to admit the evidence, must determine whether the expert's testimony  
 21 reflects (1) "scientific knowledge," and (2) will assist the trier of fact to understand or determine  
 22 a material fact at issue." Daubert, 509 U.S. at 592. The "focus must be solely on principles and  
 23 methodology, not on the conclusions that they generate." Id. at 595.

24 The Ninth Circuit has emphasized that "Rule 702 is applied consistent with the liberal thrust  
 25 of the Federal Rules and their general approach of relaxing the traditional barrier to opinion  
 26 testimony." Jinro Am. Inc. v. Secure Investments, Inc., 266 F.3d 993, 1004 (9th Cir. 2001). "An  
 27 expert witness—unlike other witnesses—is permitted wide latitude to offer opinions, including  
 28 those that are not based on firsthand knowledge or observation, so long as the expert's opinion

1 [has] a reliable basis in the knowledge and experience of his discipline.” Id. (citations and  
2 quotation marks omitted).

3 In Daubert, the Court also clarified that parties should not be “overly pessimistic about the  
4 capabilities of the jury and of the adversary system generally.” Daubert, 509 U.S. at 596.  
5 “Vigorous cross-examination, presentation of contrary evidence, and careful instruction on the  
6 burden of proof are the traditional and appropriate means of attacking shaky but admissible  
7 evidence.” Id. “The role of the Court is not to determine ‘the correctness of the expert’s  
8 conclusions but the soundness of his methodology.’” Great W. Air, LLC v. Cirrus Design  
9 Corporation, No. 2:16-CV-02656-JAD-EJY, 2019 WL 6529046, \*3 (D. Nev. 2019). “The judge  
10 is supposed to screen the jury from unreliable nonsense opinions... [t]he district court is not  
11 tasked with deciding whether the expert is right or wrong, just whether his testimony has  
12 substance such that it would be helpful to a jury.” Id. at 4.

### 13 **B. Dr. Bruce Rosenzweig’s Testimony**

#### 14 1. Dr. Rosenzweig’s Opinions About Non-Synthetic Mesh Procedures as Safer 15 Alternatives Than Prolift and TVT

16 Ethicon argues that Dr. Rosenzweig’s opinions about autologous slings and Burch  
17 colposuspension being safer alternatives than TVT for the surgical treatment of SUI, and his  
18 opinions that native tissue repairs like sacrocolpopexy and colporrhaphy are safer alternatives to  
19 Prolift for the surgical treatment of prolapse are irrelevant. It argues these opinions are irrelevant  
20 because they are about traditional *procedures* and not medical *devices* and thus these opinions  
21 cannot “inform the issue of whether an alternative design for a product exists.” Plaintiffs argue  
22 that when treating POP, the *design* of the mesh used in Prolift makes it less effective than the  
23 traditional procedures that do not use mesh, and that Ethicon knew that synthetic, non-absorbable  
24 mesh was more likely to cause complications.

25 The Court is convinced by Defendant’s argument that Dr. Rosenzweig’s referral to  
26 alternative procedures do not entail changing the design of Prolift or TVT, but rather he  
27 essentially advocates eliminating them from SUI surgeries altogether “and utilizing a completely  
28 different surgical alternative.” The Court finds that alternative procedures or surgeries do not

1 inform the jury how Ethicon could have made Prolift or TVT devices *themselves* safer to avoid  
2 the complications being claimed here. Further, this opinion could cause the jury to confuse the  
3 issues or waste time. See Rule 403.

4 Plaintiffs also argue that Dr. Rosenzweig’s opinions are relevant to Ethicon’s failure to warn  
5 and will help the jury to decide whether Ethicon included sufficient warnings with the TVT and  
6 Prolift mesh kits because of all the data comparing traditional surgical procedures and medical  
7 devices using mesh. Id. at 5. “Under Nevada law, to prove a failure to warn claim, a plaintiff  
8 must show (1) the product had a defect which rendered it unreasonably dangerous, (2) the defect  
9 existed at the time the product left the manufacturer, and (3) the defect caused the plaintiff’s  
10 injury.” Heinrich v. Ethicon, Inc., 455 F.Supp.3d 968, 972–73. “A product may be found  
11 unreasonably dangerous and defective if the manufacturer failed to provide an adequate  
12 warning.” Id. A plaintiff must prove causation and can do so by “demonstrating that a different  
13 warning would have altered the way the plaintiff used the product or would have prompted  
14 plaintiff to take precautions to avoid the injury.” Id.

15 However, “[t]he medical device manufacturer... is not in the best position to weigh the risks  
16 and benefits or using the device in a particular patient.” Id. at 974. “Rather, ‘the physician is in  
17 the best position to understand the patient’s needs and assess the risks and benefits of a particular  
18 course of treatment.’” Id.

19 There is also no way for Ethicon, as merely the device manufacturer “to assess the suitability  
20 of its product for a particular patient in a particular situation” and there is no way for the  
21 manufacturer to “ensure that the patient receives the written warnings.” Id. Because the  
22 traditional procedures Dr. Rosenzweig prefers are not medical devices being implanted in bodies,  
23 failing to warn patients about an entirely separate medical procedure is irrelevant to whether  
24 Ethicon failed to warn patients about possible defects in Prolift or TVT. Therefore, Dr.  
25 Rosenzweig may not testify specifically that the traditional procedures would have been a safer  
26 alternative than Prolift or TVT under an alternative design theory.

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1                    2. Dr. Rosenzweig’s Testimony Criticizing the Mechanical Cut of TVT

2                    Dr. Rosenzweig proposes to testify that Ethicon knew that the mechanically cut  
3 mesh was not appropriate for use in its TVT device but failed to modify or change the  
4 mechanically cut mesh to a larger pore, lighter weight mesh that would not deform, fray, lose  
5 particles, rope, curl, degrade, cause excessive foreign body reactions, and cause excessive  
6 shrinkage or contraction. Further, he opines that laser cut mesh is inappropriate for use as a  
7 permanent implant because it is too stiff and rigid and causes pain and erosion and urinary  
8 dysfunction as a result.

9                    The mesh in Mrs. Carter's TVT was mechanically cut. Ethicon argues that Dr.  
10 Rosenzweig should be precluded from criticizing the method used to cut Carter's mesh because  
11 neither Plaintiff's case-specific expert, Dr. Elliott, nor anyone else has opined that Mrs. Carter  
12 sustained any injury as a consequence of the way that the mesh was cut. Mrs. Carter argues in  
13 opposition that Dr. Rosenzweig's opinions are reliable.

14                    The Court agrees with Ethicon that Carter's opposition goes solely to the  
15 reliability of Dr. Rosenzweig's testimony (which Ethicon does not attack) and does not address  
16 the relevance of Dr. Rosenzweig's testimony regarding the characteristics of mechanically cut  
17 mesh and laser cut mesh. Further, the Court agrees with Ethicon that Carter has failed to  
18 establish the relevance of such testimony because Dr. Elliott, as Carter's case-specific expert,  
19 “does not posit a causal relationship” between Carter's injuries and the method used to cut her  
20 mesh and Dr. Rosenzweig does not assert that laser cut mesh is a safer alternative to the  
21 mechanically cut mesh in Carter's device. Enborg v. Ethicon, Inc., 2022 WL 800879, \*7 (E.D.  
22 Cal. March 16, 2022). Indeed, Dr. Rosenzweig calls for changes to the composition of the mesh,  
23 not a change in the method used to cut it. Finally, even if there were some relevance to this  
24 evidence, the Court finds that the probative value is substantially outweighed by the danger of  
25 unfair prejudice, confusion, and waste of time, in that it is likely to be misconstrued as causation  
26 or safer alternative testimony. See Rule 403.

27                    Therefore, the Court grants Defendant’s motion to limit Dr. Rosenzweig’s  
28 testimony. He will be precluded from criticizing the method used to cut the mesh in Carter's TVT

1 device.

2 II. Conclusion

3 Accordingly, **IT IS HEREBY ORDERED** that Defendant's Motion to Limit Opinions of  
4 Daniel Rosenzweig, M.D. (#199) is **GRANTED**.

5 DATED this 30th day of September 2022.

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9 Kent J. Dawson  
10 United States District Judge  
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